



CG-LSDS, LICENSED SUPPLY DONATION STATEMENT

State Form 53657 (6-08)

INDIANA GAMING COMMISSION

INSTRUCTIONS: Donation statement must be submitted with the license application.

Name of qualified organization holding the licensed event (As appears on CG-QA Qualification Application)

Address (number and street)

City	State	ZIP code	County
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Type of allowable event

License number (if approved)	Event date (month, day, year)
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_____ Signature of Presiding Officer (<i>officer of organization holding event</i>)	_____ Print name and title	_____ Date (month, day, year)
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_____ Signature of Secretary	_____ Print name	_____ Date (month, day, year)
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Name of qualified organization providing licensed supplies for this event

Address (number and street)

City	State	ZIP code	County
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Name of distributor/manufacturer	Date of purchase (month, day, year)	Purchase price
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Type of equipment/device

_____ Signature of Presiding Officer (<i>officer of donating organization</i>)	_____ Print name and title	_____ Date (month, day, year)
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_____ Signature of Secretary	_____ Print name	_____ Date (month, day, year)
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Upon request, the organization supplying the licensed supply may be required to submit a copy of the sales invoice or other proof of purchase.